

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000039023

Entity Name: VISCAYA DENTAL LABORATORY, INC.

**FILED**  
**Apr 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

13601 MCGREGOR BLVD.  
#18  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

13601 MCGREGOR BLVD.  
#18  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 65-0668640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KORMOS, DEBRA A  
13601 MCGREGOR BLVD, #18  
FT. MYERS, FL 33909 US

**Name and Address of New Registered Agent:**

KORMOS, DEBRA A  
13601 MCGREGOR BLVD, #18  
FT. MYERS, FL 33919 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

04/16/2011

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: PLUMMER, KRISTIN  
Address: 13010 BETTY STREET  
City-St-Zip: SENECA, SC 29672 US

Title: P  
Name: KORMOS, DEBRA  
Address: 7239 DRAKE DRIVE  
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTIN PLUMMER

DPS

04/16/2011

Electronic Signature of Signing Officer or Director

Date